

PMH12

24-MONTH TREATMENT DISCONTINUATION RATES IN PATIENTS WITH SCHIZOPHRENIA TREATED WITH RISPERIDONE LONG ACTING INJECTION (RLAI) VERSUS ORAL ANTIPSYCHOTICS: RESULTS FROM THE ELECTRONIC SCHIZOPHRENIA TREATMENT ADHERENCE REGISTRY (E-STAR) IN SPAIN

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OBJECTIVES: Discontinuation or switch of antipsychotic treatment is commonly seen in patients with schizophrenia. Treatment discontinuation has been recognized as an important outcome as it integrates patients' and clinicians' judgments of efficacy, safety, and tolerability into a global measure of effectiveness. The objective of the current analysis is to assess the difference in treatment discontinuation for patients with schizophrenia treated with Risperidone Long-Acting Injection (RLAI) versus those treated with oral antipsychotics (atypical and conventional) enrolled in the electronic Schizophrenia Adherence Registry (e-STAR) in Spain. **METHODS:** E-STAR is a secure, web-based, international, long-term, prospective, observational study of patients with schizophrenia who commence a new antipsychotic drug during their routine clinical management. Data were collected retrospectively and prospectively. Time on treatment was analysed using Kaplan-Meier analysis and proportional hazards regression. **RESULTS:** A total of 1622 patients were enrolled into e-STAR in Spain, 1345 were initiated on RLAI and 277 on oral antipsychotics at baseline. RLAI treated patients had significantly longer average disease duration (12.9 ± 9.5 years vs. 11.4 ± 9.8 , $p=0.0136$) and were slightly older (38.4 ± 11.2 years vs. 37 ± 10.8 , $p=0.052$) than oral antipsychotic treated patients. By 24 months, significantly higher percent of RLAI patients than that of oral antipsychotic users stayed on their original treatment as revealed by the Kaplan-Meier survival analysis that 81.8% (95% confidence interval [CI] = 79.5–83.9) of RLAI patients versus 63.4% (CI = 56.9–69.1) of oral antipsychotic patients ($p < 0.0001$) still being maintained on their original treatment. The multivariate proportional hazards regression controlling patient difference showed that discontinuation hazard ratio (HR) was 2.30 (CI = 1.79–2.97, $p < 0.0001$) for oral antipsychotic users compared to RLAI patients. **CONCLUSION:** The results from this 2-year prospective, observational trial show that patients treated with RLAI are 2.3 times more likely to remain on treatment than those treated with oral antipsychotics.

PMH13

IMPROVEMENTS IN ILLNESS SEVERITY AND FUNCTIONING IN PATIENTS WITH SCHIZOPHRENIA TREATED WITH RISPERIDONE LONG-ACTING INJECTION (RLAI): 18 MONTH INTERIM RESULTS FROM BELGIAN PATIENTS ENROLLED IN THE ELECTRONIC SCHIZOPHRENIA TREATMENT ADHERENCE REGISTRY (E-STAR)

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OBJECTIVES: To assess changes in illness severity (Clinical Global Impression-Severity scale, CGI-S) and functioning (Global Assessment of Functioning, GAF) in Belgian patients initiated on risperidone long-acting injection (RLAI) during

routine clinical practice. **METHODS:** E-STAR is a secure web-based, international, observational study of patients with schizophrenia who have been initiated with RLAI. Data are collected both retrospectively (1 year) and prospectively (2 years) every 3 months. Results presented in this report reflect the current status of Belgian patients who have been followed for at least 18 months. **RESULTS:** To date, 201 subjects have been followed for at least 18-months. Most were male (62.7%) with mean age of 40.3 ± 13.0 years, with mean time since diagnosis of 9.4 ± 9.1 years. At 18-months, 80.6% of patients remained on RLAI treatment. Most frequent reasons for switching to RLAI were poor compliance on previous therapy (43.3%), need for maintenance therapy (22.4%), and insufficient response on previous therapy (15.4%). Mean CGI-S score at baseline was 4.6 ± 1.0 indicating moderate to marked illness severity. At 18 months, mean CGI-S score significantly decreased to 3.5 ± 1.2 ($p < 0.001$) indicating mild to moderate illness severity. Similarly the mean GAF score at baseline was 44.1 ± 12.4 at baseline and improved significantly to 58.2 ± 14.2 at 18 months ($p < 0.001$). **CONCLUSION:** Significant improvements in disease severity and functioning during 18-month treatment with RLAI were observed in patients with schizophrenia. Follow-up is ongoing until 24 months.

PMH14

REMISSION IN PATIENTS WITH SCHIZOPHRENIA TREATED WITH RISPERIDONE LONG-ACTING INJECTION (RLAI): 12 MONTH INTERIM RESULTS FROM E-STAR PROJECT IN CZECH REPUBLIC AND SLOVAKIA

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OBJECTIVES: To assess illness remission in patients with schizophrenia enrolled in the electronic-Schizophrenia Treatment Adherence Registry (e-STAR) in Czech Republic and Slovakia. **METHODS:** E-STAR is a secure web-based, ongoing, international, long-term observational study of patients with schizophrenia who initiate RLAI during routine clinical management. Data is collected retrospectively (1 year) and prospectively (2 years). Prospectively patients are evaluated for the following symptoms: delusions, conceptual disorganization, hallucinatory behaviour, mannerisms and posturing, unusual thought content, blunted affect, passive/apathetic social withdrawal, and lack of spontaneity and flow of conversation. Patients in whom all of these symptoms are absent, minimal or mild and within normal boundaries, stable, and do not interfere with thinking, social relations, and behaviour or functioning, were considered to be in cross-sectional remission and if this persisted for at least 6 months, they were considered to be in remission. **RESULTS:** To date a combined total of 1068 patients have been enrolled into e-STAR in Czech Republic and Slovakia; 280 patients have been followed for at least 12-months (156 Czech Republic, 124 Slovakia). Of the 280 patients, the majority were male (57.9%) with a diagnosis of schizophrenia or schizoaffective disorder (85.7%, 14.3% respectively) with a mean age of 37 ± 12.1 years and a mean time since diagnosis of 9.2 ± 9 years. The proportion of patients who met the criteria for cross-sectional remission increased from 2.4% at baseline to 37.9% at 12 months. After 12-months, 20.6% of patients met the criteria for illness remission. **CONCLUSION:** Based on 12-month interim results, the proportion of patients who met the criteria for illness remission increased after initiating RLAI.